COUNTY OF LOS ANGELES
OFFICE OF INSPECTOR GENERAL

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INTERIM INSPECTOR GENERAL

March 8, 2019

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Kathryn Barger

FROM: Rodrigo A. Castro-Silva
Interim Inspector General

SUBJECT: REPORT BACK ON THE OIG INVESTIGATION AND IMPROVING SAFETY IN THE JUVENILE FACILITIES

Introduction

On February 19, 2019, the Los Angeles County Board of Supervisors (Board) directed the Office of Inspector General (OIG) and the Chief Probation Officer to report back in writing with updated data on use-of-force incidents, including those involving oleoresin capsicum (OC) spray (also known as pepper spray). The Board also instructed that the information be made available at a Probation Reform and Implementation Team (PRIT) special hearing, which will include a discussion of how the County and the Probation Department (Department) can collect and report data.

For this report, the OIG reviewed force-related data provided by the Department, including youth-on-staff assaults, in its juvenile halls and camps during the 2017 and 2018 calendar years.[1] OIG staff also examined the Department's current data-collection and assessment processes, and its plans to make certain data public in the future. Department personnel were transparent and accommodating throughout.

The 2017 and 2018 data provided by the Department suggests that the use of OC spray and physical force increased in its juvenile halls over the course of two years. Department data also reflects a decrease in both types of force at

[1] This report-back supplements the Office of Inspector General's February 4, 2019 report to the Board of Supervisors titled, "Report Back on Ensuring Safety and Humane Treatment in the County's Juvenile Justice Facilities."

camps. Some of the trends may be affected by data collection and review issues addressed in this report.

The recommendations outlined below are tailored to inform the Department's data collection, analysis, and transparency efforts.

Use-of-Force Data Collection and Review

The Department has made substantial efforts to collect and assess use-of-force data. Unfortunately, these efforts are currently hampered by use-of-force reports that may be inaccurate or incomplete and data-collection technology that is not tailored to its needs. These issues are further amplified by a complicated data-harvesting process and a lack of resources and staffing. As a result, the data may be unreliable.

Data Collection Methods

The Department's force-related data is entirely derived from its Physical Intervention Reports (PIRs), which are created by staff who participate in or witness a qualifying use of physical or chemical force.[2] PIRs are electronic forms that are stored in the Department's central database, the Probation Case Management System (PCMS). Department staff input information to the electronic PIR, including:

- A narrative description of the incident identifying all force techniques used;
- the most significant force technique in a data-entry box;
- whether there was an assault on staff by youth through a check-box entry;
- identifying information of the youth involved in the incident, including date of birth, gender, and ethnicity;
- the subject youth's physical and mental health; and
- injuries to youth arising from the force incident.

Supervisors review paper copies of PIRs, and, at times, video if available, to determine whether force was appropriate. Staff at each facility then manually extract necessary information from the PIRs' narratives and other data fields for reporting. Staff cannot currently automatically extract data directly from electronic PIRs or the Department's PCMS system. Instead, staff must manually enter information contained in the PIRs into facility-specific Microsoft Excel spreadsheets.

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[2] A copy of the Department's PIR is included as Attachment 1.

After information is extracted, each juvenile hall and camp provides its individual spreadsheets to the Department's leadership. Staff then combine the information from each hall and camp, and generate Department-wide reports. Those reports, and the trends they identify, inform periodic external and internal publications.

Issues Impacting Data Reliability

The Department's data-collection methods likely negatively impact the accuracy of its use-of-force data and impede the assessment of data trends that could inform use-of-force practices. The data points the PIRs and the PCMS systems collect do not fully reflect relevant information as defined in the Department's use-of-force policies, and do not capture all relevant data in ways that are easy to identify and export for analysis. Furthermore, information inputted into PIRs may not be accurate, which affects the reliability of the Department's data trends analyses.

The OIG previously reviewed twenty-one PIRs related to OC spray deployments that took place in 2017 and 2018. As noted in the OIG's February 4, 2019 report to the Board, several of those PIRs did not contain accurate descriptions of the underlying force incidents. Such issues were evident when the reports were compared with available video footage. Because most force incidents are not captured on video, it is not possible to verify the accuracy of all PIRs or to validate resulting data.

Additionally, certain force-related information captured by PIRs is inherently subjective and staff have not received sufficient guidance to ensure that incidents are uniformly memorialized. For example, the PIR requires staff who used or witnessed force to record whether the incident involved assaultive behavior by youth. However, Department policy does not currently define such behavior, or when it merits reporting. As a result, staff must use their own judgement and discretion in determining whether an assault took place and whether it merits reporting.

Furthermore, according to Department executives, the Department has struggled to gather accurate assault-related information. In previous reviews of force reports, the Department found inaccurate reporting of youth-on-staff assaults and inconsistencies between incident narratives and available video footage.

Issues Impacting Data Availability

The PIR does not capture certain information that, if available, would enable the Department to more effectively track force trends. The PIR does not, for instance, allow staff to clearly record all youth mental or physical health factors that restrict certain types of force.[3] It also does not track whether youth have a documented disability. Documenting such additional information would allow the Department to track trends and require personnel to more clearly articulate why force was used on youth with medical contraindications.

Additionally, the Department's data-collection resources are not sufficiently tailored to the task. The PCMS is an information system that is designed to enable the Department to scrutinize individual force incidents, not as a tool for large-scale statistical trend analyses. This makes it difficult to collect all relevant data, and to do so in a form that is easily assessed for trends.

Furthermore, crucial information captured in the PIR is not always easily identifiable for extraction and review. For example, the PIR system requires that staff record the force technique(s) used during an incident in two ways – first, through a data-entry box in which staff are required to record the highest level of force utilized, but which some staff use to also document other force techniques; and second, through the narrative summaries written by staff involved in the incident. This complicates data-collection efforts because staff tasked with extracting force-related data from PIRs must reference multiple sections of the PIR to capture all reported force techniques. This increases the likelihood of inaccurate or incomplete data extraction.

The Department has identified a lack of resources that, at times, frustrates the timely collection and review of information. For instance, the Department does not currently have dedicated staff to carry out its data collection and analysis; instead, it relies on staff who are available to perform these functions as collateral duties. According to the Department, the shortage of staffing resources previously contributed to a significant backlog in the review of force incidents, including a delayed review of approximately 300 to 400 use-of-force reports in one juvenile hall in 2017.

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[3] For example, Department policy restricts the use of OC spray on youth who are taking psychotropic or stimulant drugs, are under the influence of narcotics, have asthma or respiratory problems, have a history of heart disease or seizures, are pregnant, or are medically obese. The PIR has check-boxes for staff to record only when youth have asthma or are taking psychotropic medication.

Force-Related Data for 2017 and 2018

The Department provided the OIG with the number of use-of-force incidents recorded per facility, per month for 2017 and 2018. The Department's statistics classify use-of-force incidents as one of six levels of force that progress from less to more significant physical or chemical interventions, and which also identify the use of soft restraints.[4] In addition, the Department provided the OIG with figures identifying its average daily youth population for each hall and camp facility. It also provided data related to youth-on-staff assaults.

The conclusions that can be drawn from the Department's data are only as reliable as the data itself. As discussed above, issues with the Department's force reports, data-collection systems, and data-harvesting processes may affect the accuracy and reliability of the data. A selection of the information reviewed by the OIG is presented below[5]:

[4] A copy of the Department's policy defining the six levels of force is included as Attachment 2.
[5] The data presented in this report, including average daily population, was provided by the Department and relied upon by the OIG in assessing trends. Data related to the average daily population of Department facilities was reported in decimals. The OIG has rounded all values reported to the nearest whole number.

Facility	Physical Force		Chemical Force		Average Daily Population	
	2017	2018	2017	2018	2017	2018
Juvenile Halls	**1,114**	**1,265**	**519**	**558**	**687**	**615**
Central	517	592	267	232	239	212
Los Padrinos	293	397	78	165	230	205
Barry J. Nidorf	304	276	174	161	218	198
Juvenile Camps	**944**	**815**	**257**	**104**	**455**	**353**
McNair†	61	37	54	29	46	40
Onizuka†	49	31	74	40	36	27
HOPE Center†	39	22	8	5	6	6
Afflerbaugh	32	32	N/A	N/A	40	35
Paige	23	49	N/A	N/A	35	33
Scott	60	86	N/A	N/A	27	26
Dorothy Kirby	278	256	N/A	N/A	53	49
Rockey	94	83	N/A	N/A	39	42
Scudder (Closed 3/2017)	4	—	N/A	N/A	9	—
Kilpatrick (Opened 7/2017)	28	101	N/A	N/A	19	30
Smith† (Closed 9/2017)	13	—	4	—	20	—
Gonzales (Closed 2/2018)	26	0	N/A	N/A	41	6
Jarvis† (Closed 6/2018)	144	42	84	12	44	28
Mendenhall/Scobee† (Closed 11/2018)	93	76	33	18	40	31
Annual Totals	**2,058**	**2,080**	**776**	**662**	**1,142**	**968**

Figure 1: Number of use-of-force incidents per facility, by type of force, 2017-2018.
† Juvenile camps where the use of OC spray is authorized.

The Department's use-of-force related data may reflect potential trends, although the accuracy and completeness issues noted above should inform any analysis. The available data may show an increase in the use of physical and chemical force in the juvenile halls from January 2017 through December 2018. As reflected in the following chart (Figure 2), the number of uses of physical force increased by 13.55% and the number of uses of chemical force increased by 7.51%. During that same period, there was a reduction in the average daily youth population in juvenile halls from 687 in 2017 to 615 in 2018, a decrease of over 10%:

Juvenile Halls			
Type of Force	**2017**	**2018**	**Percentage Change**
Physical	1,114	1,265	13.55%
Chemical	519	558	7.51%

Figure 2: Year-over-year percentage change in the use of physical and chemical force in juvenile halls, 2017-2018.

From 2017 through 2018, the Department's data may reflect a decrease in the use of force in the juvenile camps. Across all camps during the reporting period, Department data shows a 13.67% reduction in the use of physical force and a 59.53% reduction in the use of chemical force. However, during that same period, the Department closed five camps, three of which permitted the use of OC spray. The Department also reports that its average daily camp population in the same period reduced by approximately 22%.

Three camps, namely, McNair, Onizuka, and the HOPE Center, remained open throughout the reporting period and allowed the use of OC spray. To account for the factors discussed above, the following chart (Figure 3) shows the percentage change in the use of both physical and chemical force in those camps. Data from those camps reflects a 39.60% reduction in the use of physical force and a 45.59% reduction in the use of chemical force.

Select Juvenile Camps			
Type of Force	**2017**	**2018**	**Percentage Change**
Physical	149	90	-39.60%
Chemical	136	74	-45.59%

Figure 3: Year-over-year percentage change in the use of physical and chemical force in select juvenile camps (McNair, Onizuka, and the HOPE Center), 2017-2018.

Unreliability of Youth-on-Staff Assault Data

The Department also provided the OIG with data related to youth-on-staff assaults. According to that data, these assaults rose by more than 302% from 2015 to 2018. However, given an absence of necessary policy guidance and the Department's complicated data-processing methods, the data should be treated with caution. Because youth-on-staff assault data may be unreliable, any effort to identify trends may lead to invalid conclusions.

As discussed previously, Department policies do not define what youth behavior constitutes assaultive behavior. As a result, staff must use their discretion to decide whether such behavior is reportable. In contrast, data related

to OC spray and physical force is likely more reliable because of uniform definitions of such conduct in Department policy, clear reporting requirements for those who witness uses-of-force, and additional monitoring and documentation practices, including the weighing of OC spray canisters.

In addition, according to Department leadership, the Department has struggled to gather accurate assault-related information. This may be due to data-extraction methods previously discussed, which at each step create the possibility that data will be inaccurately transcribed or translated. Furthermore, Department management reported to the OIG that it previously identified inaccurate reports of youth-on-staff assaults – potentially, at times, as a result of staff efforts to justify uses of force.

Data Transparency

The Department recognizes the importance of data transparency in building community trust and has committed to make information related to uses of force in its juvenile justice facilities public. The Department has developed a plan to publish force-related data on its website on a quarterly basis. The Department's data will identify particular force incidents, organized by facility and force-technique. Because the Department currently lacks the resources to create a team to carry out this work, it plans to task available staff with these duties.

The Department reports that it is working with the CEO to address deficiencies discussed in this report. Department personnel are part of a "strike" team, including the county's Chief Information Officer and other county partners, that is tasked with improving the Department's data infrastructure among other initiatives.

The Department's plan to provide the public with more information is commendable, and the publication of force-related data promises to benefit the Department, youth, their families, and other stakeholders. As it continues to work towards securing transparency, the Department should assess what similar agencies have done.[6]

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[6] The Department's transparency plans are likely to make it a leader among juvenile justice systems in that area. It should consider referencing the efforts of correctional systems within California, including the Los Angeles County Sheriff's Department and the San Francisco Sheriff's Department, both of which previously issued use-of-force data. *See e.g.* Report by Los Angeles County Sheriff's Department on Custody Division Public Sharing 2018 Quarter One (January 2018 – March 2108) *available at* http://lasd.org/pdfjs/web/Custody%20Division%202018%20Quarter%20One%20Report.pdf (last accessed February 27, 2019); *see also*, Report by Office of the Sheriff City and County of San Francisco Fourth Quarter Report (October 1, 2017 – December 31, 2017) *available at* https://www.sfsheriff.com/files/96A_Q4_2017.pdf (last accessed February 27, 2019).

Recommendations

Recommendation 1: The Department should continue its efforts to update its information technology infrastructure to ease its collection of force-related data, and should seek resources to improve its processes.

The Department's data-collection efforts are hindered by an outdated and ill-fitting information technology system that makes it difficult both for staff to input relevant and accurate data, and for management to make use of the data for trends analysis. The Department should continue to seek out and obtain resources to modify or replace PCMS, so that it can capture and easily export force-related data.

In modifying its systems, the Department should consider making it easier for staff to enter, and for management to use, subject youth information in addition to force-specific data, including: time spent in the Department's custody; documented disabilities; mental health status; all force-relevant contraindications; and adjudication status. Information regarding bystander youth who are affected by the use of force should also be gathered and analyzed. It should also consider modifying its systems to more easily capture when OC spray warnings are used by staff in a particular incident.

The Department should also consider forming a dedicated data team that will create and maintain its information collection and analysis processes. The team should carry out routine audits of the Department's data-related practices to ensure the accuracy of information that is collected. It should also work to identify and publish data, both for the Department and the public.

Recommendation 2: The Department should continue to update its force-related policies to improve the reliability of its data and ensure that its data-collection methods reflect those policies.

The Department should ensure that its on-going review and update of force-related policies is informed by its data collection and analysis needs. As noted above, its use-of-force policy does not contain a definition of what constitutes assaultive behavior. Given that staff who input such information are currently doing so without a standardized understanding of such behavior, the information is likely inaccurate and unreliable. The Department should provide a standard definition and related training.

The Department should also ensure that its data-collection tools reflect its force-related policies. Specifically, the force categories articulated in PIRs should be identical to those defined in its policies. PIRs should also be modified to make

it easier for staff to clearly report all force techniques employed during a particular incident.

Recommendation 3: The Department should consider making its force-related policies publicly available.

The Department should consider publishing its force-related policies, including those that govern its data collection and review practices. These policies provide necessary context to Department practices and will likely help the public in understanding force data.

Recommendation 4: The Department should meet with and inform stakeholders of its plans to increase transparency.

To ensure that its plans are shaped by the community, Department executives should meet routinely with stakeholders and seek out feedback and suggestions regarding its publication of data.

The Department should also consider creating a policy that outlines the type of force-related data it will publish, and how frequently it will do so. When determining what information to make public, the Department should consider including the following force-related data for youth, barring any legal limitations:

- Age;
- gender;
- ethnicity;
- documented disability;
- mental health status;
- force-relevant contraindications;
- adjudication status; and
- time in custody.

Conclusion

The information and recommendations provided in this report are intended to inform the Board, the PRIT, and the Department of issues related to the Department's use-of-force data collection and assessment practices, and to inform the Department's plans to make certain data public.

RAC:DB:CB

Attachments

cc: Sachi A. Hamai, Chief Executive Officer
Celia Zavala, Executive Officer
Terri McDonald, Chief Probation Officer
Mary C. Wickham, County Counsel
Saul Sarabia, PRIT

ATTACHMENT 1

County of Los Angeles Probation Department
Probation Case Management System
Physical Intervention Report

Report ID:
Run Date:
Run Time:
Source:

SCM Incident #:

A. INCIDENT INFORMATION

Date: Time: SCM Report Prepared by: Location: Employee#: Facility:

B. TYPE OF INCIDENT

Time Duty Supervisor notified: Supervisor's name:

UNCONTROLLED (uncontained)
- Fight
- Serious Self Injury
- Serious Property Damage
- MH Crisis - Aggressive
- Other:
- Assault on Staff
- Assault on Minor
- Out-of-Bounds
- L-3 Self Harm
- Attempted Assault on Staff
- Attempted Assault on Minor
- Out of Control Behavior
- Disruptive & Phys Aggressive
- Near Fight
- Escape Attempt
- Unit Disturbance
- L-3 Leaving Area

CONTROLLED (contained)
- Gassing
- Refusing to Exit Area
- Irate/Hostile Behavior - Not Physically Aggressive
- Self-Harming Behavior/Not Life Threatening
- Verbal Threat to Staff
- FFI/Disruptive - Not Aggressive
- Banging/Kicking on Doors/Windows
- Immobile Stance/Fists Clenched
- Throwing Food, Non-Aggressive
- Non-Responsive to Instruction

Time Supervisor arrived:
- Soft Restraints Applied (complete section "G" below)

C. MINORS INVOLVED

SHU Ref?	LAST NAME, FIRST NAME	D.O.B.	PDJ #	UNIT/ CAMP	ETH	GENDER	HT	WT	CT DEPT

D. STAFF INVOLVED

Staff Involvement: A (actual) W (witness) NI (not involved)

A	W	NI	Positioning	Rank	Last Name	First Name	Employee #	Reg Camp/Unit	Shift

Staff who are witnesses or not involved shall complete a Safe Crisis Management Supplemental PIR.

E. MENTAL HEALTH REQUEST

Mental Health Consultation Request submitted by:

A Mental Health Request must be submitted for all incidents of physical intervention. A copy must be attached to this report.

F. HANDCUFF (HC) FLEXCUFF (FC) APPLICATION

- Handcuffs / Flex-cuffs Not Applied

Minor's Name (last, first)	HC	FC	Time Applied	By whom?	Time Removed	By whom?	Total Time

G. SOFT RESTRAINT APPLICATION

- Soft Restraints Not Applied

Minor's Name (last, first)	Time Applied	Time Removed	Total Time	Supv. Approving Soft Restraints

SCM Soft Restraint Log completed by:

(Copy must be attached to this report and unit log)

SCM Incident #

H. PHYSICAL INTERVENTION PARTICIPATION SUMMARY

SCM Report Prepared by:

Below, note who used physical/chemical intervention against whom, the level and method of physical/chemical intervention utilized; type of restraint device if applicable; and any observed injury to minors. Insert the level and code(s) from sections J, K and L into the appropriate sections as necessary.

INTERVENTION USED BY Staff's Name (Last, First)	INTERVENTION USED BY Minor's Name (Last, First)	INTERVENTION LEVEL & METHOD USE "J" CODES		RESTRAINT DEVICE TYPE (if applicable) USE "K" CODES	OBSERVED BODY PARTS INJURED USE "L" CODES
		LEVEL	METHOD (S)		

J. LEVEL AND METHOD OF INTERVENTION CODES

NOTE ONLY THE HIGHEST LEVEL UTILIZED.

Level A1	SB Step Between	HCV Handcuffed Voluntary for safety/security purposes	
Level A2	EA Extended Arm Assist		
Level B3	CA Cradle Assist	UT Upper Torso Assist	HT Hook Carry Transport
Level B4	HF Hook Carry Assist To Floor	SCA Seated Cradle Assist	SUT Seated Upper Torso Assist
Level C5	PT Prone Torso Assist STA Supine Torsi Assist	PB Prone Bridge Assist	SE Supine Extension
Level C6	OC Chemical Agent (OC Spray) - complete section "M"		SR Soft Restraints - complete section "G"

K. RESTRAINT DEVICE CODES

HCV Handcuffs - Voluntary
HCP Handcuffs - Physical
FCV Flexcuffs - Voluntary
FCP Flexcuffs - Physical
SRV Soft Restraints - Voluntary
SRP Soft Restraints - Physical

L. BODY PART INJURED CODES

AD	Abdomen	BT	Buttocks	EY	Eye	GR	Groin	KN	Knee	NN	None	TN	Tongue
AK	Ankle	CH	Chest	FA	Face	HD	Hand	LE	Leg	NO	Nose	TO	Tooth
AR	Arm	EA	Ear	FT	Foot	HE	Head	LI	Lip	SH	Shoulder	WR	Wrist
BK	Back	EL	Elbow	FI	Finger	HI	Hip	NK	Neck	TE	Toe	OT	Other

M. OC SPRAY DEPLOYMENT

☐ OC Not Used

Name of minor #1: _____

Is minor asthmatic? ☐ No ☐ Yes
Is minor on psychotropic medication? ☐ No ☐ Yes
Time incident occurred: _____
Time minor decontaminated _____
Time clothing changed: _____
Time minor presented for medical assessment: _____
Time minor actually assessed by medical staff: _____
Time minor placed on Level 3: _____
Time Level 3 concluded: _____
Staff supervising minor: _____
Was minor decontaminated with cold water? ☐ No ☐ Yes
Staff using OC: _____
Canister Serial # _____
Canister pre/post weights: _____ / _____
Date/Time weighed: _____ / _____
Weighed by Supv.: _____

Name of minor #2: _____

Is minor asthmatic? ☐ No ☐ Yes
Is minor on psychotropic medication? ☐ No ☐ Yes
Time incident occurred: _____
Time minor decontaminated _____
Time clothing changed: _____
Time minor presented for medical assessment: _____
Time minor actually assessed by medical staff: _____
Time minor placed on Level 3: _____
Time Level 3 concluded: _____
Staff supervising minor: _____
Was minor decontaminated with cold water? ☐ No ☐ Yes
Staff using OC: _____
Canister Serial #: _____
Canister pre/post weights: _____ / _____
Date/Time weighed: _____ / _____
Weighed by Supv.: _____

SCM Incident #. _____

N. DESCRIPTION OF INCIDENT

SCM Report Prepared by: _____

All staff members who physically participate in a physical or chemical intervention incident shall complete a PIR immediately after the incident, but no later than the end of the shift, or as alternately directed by Supervisory staff. This section must contain a clear and comprehensive account of the entire incident including the following: who was involved; when, where and how did it occur; staff positioning, what specifically occurred; actions taken by minors and staff; attempts made to de-escalate the situation and bring it to a safe conclusion, including warnings of pending physical or chemical intervention; and a description of precipitating factors that led to the use of physical or chemical intervention situation. Care should be taken to describe the positioning of staff and the actions taken by staff, minors and supervisors during the intervention incident and to note the time the minor(s) was/were presented to medical staff/paramedics for assessment/treatment. If no nurse was on-duty at the time of the incident, note the time the minor was presented to the Supervisor/paramedics for assessment. The completed PIR serves as the staff member's legal factual report regarding the incident. Staff who are assigned to the unit/camp/location where an incident occurred, but did not witness the incident, shall complete a Safe Crisis Management Supplemental Physical Intervention Report (SUP-PIR).

If more space needed, use a Supplemental PIR form.

Staff Signature:

County of Los Angeles Probation Department
Probation Case Management System
Physical Intervention Report

Report ID:
Run Date:
Run Time:
Source:

SCM Incident #: _____

O. MEDICAL INFORMATION

SCM Report Prepared by: _____

- ☐ Medical information submitted below:
- ☐ No nurse on-duty, minor assessed by: Supervisor Paramedics Time Assessed: _____ and _____
- ☐ For medical information refer to PIR(s) written by

P. MEDICAL INFORMATION — TO BE COMPLETED BY NURSING/MEDICAL STAFF ONLY

(1) Date & Time of Assessment Date: Time:
Name of Minor: D.O.B.: Location:
Return to Unit Admitted to MU Refer to DMH Refer to MD Transport to local Hospital/E.R. Activity Gram completed
Tx Provided Comments:
Signature: Title:

(2) Date & Time of Assessment Date: Time:
Name of Minor: D.O.B.: Location:
Return to Unit Admitted to MU Refer to DMH Refer to MD Transport to local Hospital/E.R. Activity Gram completed
Tx Provided Comments:
Signature: Title:

(3) Date & Time of Assessment Date: Time:
Name of Minor: D.O.B.: Location:
Return to Unit Admitted to MU Refer to DMH Refer to MD Transport to local Hospital/E.R. Activity Gram completed
Tx Provided Comments:
Signature: Title:

(4) Date & Time of Assessment Date: Time:
Name of Minor: D.O.B.: Location:
Return to Unit Admitted to MU Refer to DMH Refer to MD Transport to local Hospital/E.R. Activity Gram completed
Tx Provided Comments:
Signature: Title:

Q. DOCUMENT REVIEW, APPROVAL AND DISTRIBUTION

Signatures below indicate review and initial approval.

Print Staff Name Preparing	Date	Signature of Shift Leader	Date	Signature of Supervisor	Date

DISTRIBUTION: ☐ Minor's File ☐ Supv. ☐ Director ☐ SCM Supervisor ☐ Superintendent ☐ Duty Supv.

ATTACHMENT 2

VII. Authorized Levels of Physical Intervention

The Probation Department, through the *Safe Crisis Management* training curriculum, has developed an intervention process that is constructed on a continuum, which progresses from lower to higher levels of restriction or intervention. Staff shall use only that level of intervention appropriate for the situation encountered and shall not escalate beyond that point, absent exigent circumstances supporting such action. These levels, from least to most restrictive, are:

Level-1 (A1) – Disengagement: A staff member steps between two minors who are engaged in a physical altercation and separates the combatants with a gentle open-handed guiding movement that does not involve confinement of an appendage or the execution of an Extended Arm Assist.

Level-2 (A2) - Extended Arm Assist: A staff places the minor into an Extended Arm Assist by securing the arm and shoulder (or shirt/sweatshirt) of the minor for the purpose of inducing an acting-out minor to cease their involvement with negative behavior and/or to assist them in moving to a safer area.

Level-3 (B3) – Standing Assists: Two types of standing assists are approved as outlined below:

1) Cradle Assist – Staff reaches under the minor's arms, grasps the wrists and secures the wrists toward the minor's hips and "cradles" the minor, thus restricting movement.

2) Upper Torso Assist – The staff reaches around the outside of the minor's arms from the rear and then, the staff pulls their (staff's) hands, holding tightly to the staff's own chest, thus restricting the minor's arm movement.

Either of the above interventions may be used until the minor calms-down, or a higher level of intervention is deemed to be necessary.

> **Note: Any level 1, 2, or 3 interventions resulting in the minor falling to the ground or floor, striking a wall or other solid fixed object (desk, bed, pole, etc.), is considered to be a "Level-4" intervention at minimum. When involved in these types of disengagement and lower-level assists, staff shall be conscious of the need to use only minimal force and to maintain the minor in a standing position until the intervention is fully concluded.**

Level-4 (B/4) – Assist to the Floor: Two types of floor assists are approved as outlined below:

1) Seated/Kneeling Cradle Assist – A minor who has already been placed into a Cradle Assist is assisted to a seated position on the floor by a staff, who then ends up in a kneeling position and continues to maintain the Cradle Assist, restricting movement.

2) Seated/Kneeling Upper Torso Assist – A minor who has already been placed into an Upper Torso Assist is assisted to a seated position on the floor by a staff that continues to maintain the "Upper Torso Assist" hold on the minor, restricting movement. This level of intervention may be used until the minor calms-down, or a higher level of intervention is deemed necessary.

Level-5 (C/5) – Supine Torso or Prone Torso Floor Assists: Three types of prone or supine floor assists are approved as outlined below.

1) Floor Assist to Supine Torso Assist with One Staff: A minor who has already been placed into a Seated/Kneeling Cradle Assist or Seated Upper Torso Assist is further assisted to a more restrictive Supine Torso Assist. This occurs when the staff reaches behind the minor, supporting the minor's head, and with their free hand reaches across the minor's body and places the minor onto their back.

1A) Floor Assist to Supine Torso Assist with Two Staff: A minor who has already been placed into a Seated/Kneeling Cradle Assist or Seated Upper Torso Assist is further assisted to a more restrictive Supine Torso Assist. This occurs when the two staff rotates from a seated upper torso and face the minor from the opposite direction. Each staff, using their arm that is closest to the minor reaches under the minor's armpit area and move the minor back onto their back. This procedure is concluded by each staff sitting snugly on the floor next to the minor and wrapping each of the minor's arms around their waist, or by placing the minor's hands above his or her head onto the floor in a "supine extension." The two-staff assist is the preferred method for executing a supine torso assist.

2) Floor Assist to Prone Bridge Assist: minor that is smaller in stature than the staff member executing the assist and that has already been placed into a Seated/Kneeling Cradle Assist or Seated Upper Torso Assist is further assisted to a more restrictive Prone Bridge Assist by the staff. The staff rotates the minor to a face-down position. The staff then kneels next to the minor using the staff's knees to help secure one of the minor's arms against the minor's side. Then the staff reaches across the minor's back and places both of the staff's hands on the floor immediately next to the minor's free arm and secures it to the minor's side. If a second staff is present, this staff can hold a bridge over the minor's calves to control any kicking.

3) Floor Assist to Prone Torso Assist: A minor who has already been placed into a Seated/Kneeling Upper Cradle Assist or Seated Upper Torso Assist is further assisted to the most restrictive position, the Prone Torso Assist by two staff. The two staff rotates the minor to a face-down position. The transition to face-down is methodical so as to protect the minor's face, neck and head from injury. Both staff kneels next to the minor on opposite sides. Both staff use their outside hands to hold the minors elbow and slide the minor up to a sitting position on the floor while holding tightly to the minor's armpits. The minor's arms are then placed around the staff's waist concluding the assist.

The Prone Bridge Assist and Prone Torso Assist are not recommended for minors that are clinically obese, or that have known asthmatic, respiratory, substance abuse, cardiac problems or are taking psychotropic medications. Data collected nationally suggests that prone positions are more frequently associated with tragedies such as positional asphyxia. Minors with these conditions that are placed into a prone position are to be immediately placed into a Supine Torso Assist position, or placed into a seated position (mechanically restrained as necessary) until control is established.

> **NOTE:** In all Level 5 positions it is possible to add more staff to the intervention to increase safety. Supine or Prone Torso positions should never be used with any of the intervening staff's body placed on the minor's head, neck or torso. Minors that are obese, that have breathing disorders, are pregnant or taking psychotropic medications should not be placed in a prone position.

Level-6 (C/6) – Chemical Intervention: The use of O.C. Spray is considered the final level of authorized intervention in the force continuum. As appropriate, all other crisis intervention de-escalation techniques, including physical intervention, shall be employed prior to the application of O.C. spray. Staff shall only use the minimum amount of O.C. spray necessary to gain control of a situation and/or subdue the minor(s). The anticipated appropriate use of O.C. spray results in the application of individual one-second bursts; when properly deployed, each of which should equal no more than one-tenth to two-tenths of an ounce of O.C. propellant. All de-escalation/intervention efforts made prior to and during the application of O.C. spray are to be clearly documented within the narrative of the deploying staff PIR(s).

> **NOTE:** Following an incident involving the use of O.C. spray, the Duty Supervisor shall take all deployed staff canisters, note the serial number and assigned staff of each canister, and take post-deployment canister weights. After this information is captured, the Supervisor shall ensure that the weight of each staff's canister is subsequently noted on the PIR SCM Review reports.